

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: _____		2 Serial/Patent # <u>10/517841</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/> Filing			6 AMOUNT \$ <u>100</u>						
<input type="checkbox"/> Amendment			\$						
<input type="checkbox"/> Extension of Time			\$						
<input type="checkbox"/> Notice of Appeal/Appeal			\$						
<input type="checkbox"/> Petition			\$						
<input type="checkbox"/> Issue			\$						
<input type="checkbox"/> Cert of Correction/Terminal Discontinuation			\$						
<input type="checkbox"/> Maintenance			\$						
<input type="checkbox"/> Assignment			\$						
<input type="checkbox"/> Other			\$						
		7 TOTAL AMOUNT OF REFUND \$ <u>100</u>							
		8 TO BE REFUNDED BY: <u>CC</u>							
10 REASON:		Treasury Check							
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:							
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
<input type="checkbox"/> No Fee Due (Explanation):									
REFUND COMPLETED PCT NATIONAL DIVISION									
11 REFUND REQUESTED BY: _____									
TYPED/PRINTED NAME: <u>JANITA Holland</u>		TITLE: <u>Principal</u>							
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>							
OFFICE: <u>PCT</u>		<u>X209</u>							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****									
APPROVED: _____		DATE: _____							

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